PTO/SB/22 (01-08)
Approved for use through 07/31/2008, OMB 0651-0031
ILS Patient and Trademark Office LLS DEPARTMENT OF COLUMNOS.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional)		
		01129	903.00128US2	
Application Number 10/628,681-Conf. #4491		Filed	July 28, 2003	
For BIPOLAR ARTICLES AND RELATED METHODS				
Art Unit 1795		Examiner	K. A. O'Neill	
This is a request under the provisions of 37 CFR 1.136(application.	a) to extend the peri	iod for filing a reply	in the above identified	
The requested extension and fee are as follows (check t	time period desired	and enter the appro	priate fee below):	
O	Fee 6400	Small Entity Fe	_	
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	-
X Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ 230.00	-
Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$	-
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$	_
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$	_
X Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to				
Deposit Account Number 08-0219 I have enclosed a duplicate copy of this sheet.				
WARNING: Information on this form may become p Provide credit card information and authorization of		formation should not	be included on this form	۱.
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
x attorney or agent of record. Reg	gistration Number	61,860		
attorney or agent under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34				
/Jessica P. Rogers/		September 4, 2008		
Signature		Date		
Jessica P. Rogers Typed or printed name		(212) 230-8800 Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of forms are subm	nitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filling system in accordance with § 1.6(a)(4). Electronic Signature for Jessica P. Rogers: /Jessica P. Rogers/ Dated: September 4, 2008